

## UTAH PROVIDER OF VIATICAL SETTLEMENTS ANNUAL REPORT

Report for Calendar Year\_\_\_\_\_

Provider Name\_\_\_\_\_

Address\_\_\_\_\_

Phone #\_\_\_\_\_

Email\_\_\_\_\_

Preparer's Name\_\_\_\_\_

Title\_\_\_\_\_

Address (if different from the provider)\_\_\_\_\_

Email\_\_\_\_\_

<b>IDENTIFIER</b>	<b>POLICY ISSUE DATE</b>	<b>DATE OF VIATICAL SETTLEMENT</b>	<b>DEATH BENEFIT VIATICATED</b>	<b>AMOUNT AVAILABLE under terms of policy</b>	<b>NET AMOUNT PAID TO VIATOR</b>

CERTIFICATION: By submitting this report, the provider certifies that the information is complete and accurate.

Email the completed form to [life.uid@utah.gov](mailto:life.uid@utah.gov)

